

Naval Hospital Camp Lejeune Seasonal Influenza Vaccination

ADULT Screening and Documentation Form for 2011-12 Influenza Season

For adult patients to be vaccinated: The following questions will help us determine if there is any reason we should not give you seasonal influenza vaccine today. If you answer "yes" to any question, it does not necessarily mean you should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

Patient Name: _____ **Patient Date of Birth:** _____

Sponsor's Full SSN (or own if there is no military sponsor): _____

| | | | |
|----|--|----|-----|
| 1 | Do you currently feel sick or have a fever? | No | Yes |
| 2 | Have you ever had a serious reaction to a flu vaccine? | No | Yes |
| 3 | Do you have a history of Guillain-Barre Syndrom (GBS)? | No | Yes |
| 4 | Do you have an allergy to eggs, egg protein, MSG, gentamicin, gelatin, arginine, neomycin, polymyxin B, thimerosal, formaldehyde, latex, or other vaccine component? | No | Yes |
| 5 | Are you pregnant or planning to become pregnant in the next month? | No | Yes |
| 6 | Are you 50 years of age or older? | No | Yes |
| 7 | Do you have a chronic health problem such as: asthma, heart disease, lung disease, kidney disease, metabolic disease (e.g., diabetes, or a blood disorder)? | No | Yes |
| 8 | Do you have a weakened immune system because of HIV or another disease that affects the immune system, long-term high-dose steroid treatments, or cancer treatment with radiation or drugs? | No | Yes |
| 9 | Are you taking any prescription medicines to prevent or treat influenza? Have you taken any antivirals in the last 48 hours? | No | Yes |
| 10 | Do you live with or expect to have close contact with severely immunocompromised individuals living in a protective environment (such as transplant recipients)? | No | Yes |
| 11 | Have you received any vaccines within the last 30 days or do you plan to receive any vaccines in the next four weeks? | No | Yes |
| 12 | Please keep personal data updated in DEERS. Circle all that apply to person being vaccinated: <div style="display: flex; justify-content: space-between; padding: 5px;"> <i>Active Duty</i> <i>Military Retiree</i> <i>Active Reservist</i> <i>Military Family Member</i> <i>Civil Service</i> </div> <div style="display: flex; justify-content: space-between; padding: 5px;"> <i>Contract</i> <i>Works at NHCL</i> <i>MCCS employee</i> <i>Other (please explain):</i> </div> | | |

"I have read or have had explained to me the information in the Influenza Vaccine Information Statement (VIS). I have also had a chance to ask questions and they were answered to my satisfaction. I understand the benefits and risks of the influenza vaccine."

Signature: _____

****THIS BLOCK TO BE COMPLETED BY HEALTH CARE STAFF **** **VIS DATED:** _____

COMMENTS:

- ☐ **Live Intranasal Influenza** (FluMist-MedImmune) - Dose: 0.2 ml - Route: Intranasal - Lot #
- ☐ **Inactivated Influenza** (Fluzone-Sanofi-Pasteur) - Dose: 0.5 ml - Route: IM - SITE: L R ARM/THIGH - Lot #
- ☐ **Inactivated Influenza** (Fluzone-Sanofi-Pasteur) - Dose: 0.5 ml - Route: IM - SITE: L R ARM/THIGH - Lot #
PRESERVATIVE FREE
- ☐ **Inactivated Influenza** (Afluria-CSL) - Dose: 0.5 ml - Route: IM - SITE: L R ARM/THIGH - Lot #
- ☐ **Inactivated Influenza** (Afluria-CSL) - Dose: 0.5 ml - Route: IM - SITE: L R ARM/THIGH - Lot #
PRESERVATIVE FREE

DATE OF VACCINE:

PRINTED NAME & SIGNATURE OF VACCINATOR: